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**IMPORTANT NOTICE**  
**TELECOPY/FACSIMILE COVER LETTER**

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TO: U.S. Patent and Trademark Office  
Examiner: Ly T. Tran  
Art Unit: 2853

DATE: October 10, 2003

FROM: Erin P. Madill

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 22

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**MESSAGE:**

Patent Application No.: 09/828,312; Our Ref. 83020.0002

I hereby certify that the following documents:

Amendment/Amendment Transmittal Letter

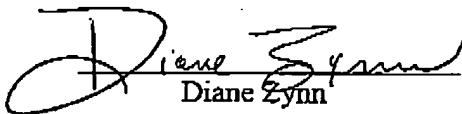
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are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

October 10, 2003  
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9318 ART UNIT 2853

CLIENT NUMBER: 83020.0002

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-308-0752 (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 83020.0002  
Patent Application No. 09/828,312

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WANIBUCHI, et al.

Serial No: 09/828,312

Filed: April 5, 2001

For: CLEANING DEVICE AND INK-JET PRINTER

Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.  
 A certified copy of \_\_\_\_\_ Patent Application No. \_\_\_\_\_ filed \_\_\_\_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.  
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	72	-	72	..	0	LG=\$18 SM=\$9	\$18
INDEPENDENT CLAIMS FEE	7	-	7	***	0	LG=\$84 SM=\$42	\$84
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS</b>						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
<b>Independent Claims: 4, 5, 6, 14, 18, 21, 35</b>						<b>TOTAL</b>	<b>\$ 0</b>

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

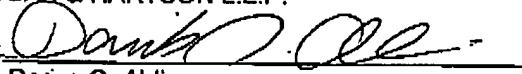
Please charge the fee of \$ \_\_\_\_\_ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

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Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.By:   
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Date: October 10, 2003

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